



PUBLIC EMPLOYEES RETIREMENT ASSOCIATION OF NEW MEXICO

APPLICATION FOR MEMBERSHIP

The original of this form must be completed in its entirety and returned to PERA for processing.

General Information - Please print

Social Security Number:

--	--	--	--	--	--	--	--	--	--

Last Name: _____ First Name: _____ MI. _____

Previous Last Name: _____ Previous First Name: _____ MI. _____

Birth Date: _____ Sex: M ☐ F ☐ Marital Status: Married ☐ Single ☐ Divorced ☐ Widowed ☐
(mm / dd / yy)

Address: _____ City/State _____ Zip Code _____

Telephone Number: (Home) _____ (Work) _____

Have you ever been a PERA member? (circle one) Yes ___ No ___

Are you or have you been a member of any other New Mexico Retirement Plan? Yes ___ No ___

If yes, please circle which plan(s):

Judicial _____ Magistrate _____ Educational _____ Volunteer Firefighters _____ Legislative _____

Are you receiving a pension from any of these plans? (circle one) Yes ___ No ___

I hereby declare that all the above information is true and complete to the best of my knowledge.

Employee Signature: _____ Date: _____

Remember to send corrections to PERA if any of the above information changes. All your PERA records are maintained by using your social security number. Annual member statements and PERA election ballots are sent to the most recent address PERA has on file for you.

Employer's Certification

Please copy the completed application for your employer file and for the employee. Return the original with the Beneficiary Designation Form and a copy of the employee's social security card to PERA immediately upon completion.

Employee's Hire Date _____ State Agency, County or Municipality _____
(mm / dd / yy)

PERA Number: division, agency and department _____
(PERA numbers can be obtained from your payroll department)

Employee Pay Cycle \$ _____ semi-monthly \$ _____ biweekly \$ _____ monthly \$ _____ weekly

I certify that the above employee is employed by the department as of the above date.

Signature: _____ Title: _____ Date: _____